

STATE OF NEBRASKA

DEPARTMENT OF NATURAL RESOURCES

APPLICATION FOR A PERMIT TO APPROPRIATE WATER

Complete items 1 through 10 by printing in ink or typing the appropriate information and by placing an (X) in the appropriate box.

For Department Use Only

1. Name and address of applicant:

Zip code _____ Telephone No. (_____) _____

2. Name and address of owner(s) if different than applicant:

Zip code _____ Telephone No. (_____) _____

Filed in the office of the Department of Natural Resources at _____ a.m./p.m.

on _____, 20____.

Application No. _____

Map No. _____

Water Division _____

Receipt No. _____ Amount _____

3. A permit is sought to:

☐ Use natural flow

☐ Use impounded water*

*A separate permit to impound water must be obtained.

A permit is sought for the purpose of:

☐ Domestic

☐ Manufacturing

☐ Irrigation

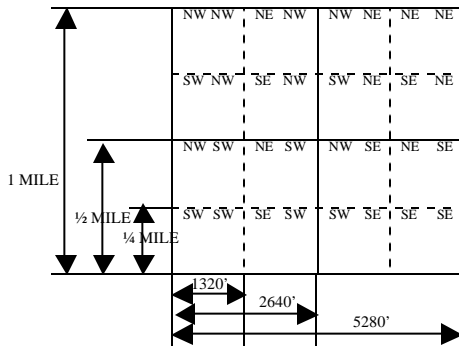
☐ Other (Explain)

4. Identify the source of water (Name of stream or reservoir):

If applicable, identify the facility name for transporting water from the source: (name of canal, pipeline or pump)

5. Identify the location of the ☐ Headgate ☐ Pump

Section _____, Township _____ North, Range _____ E W County _____



The box at left represents one square mile (section). Place an (x) within each appropriate 40-acre tract to indicate the location(s) of each headgate or pump.

If applicable, indicate below the height (in feet) of any diversion or check dams.

6. If applicable, identify the location of lands by 40-acre subdivisions that will be irrigated:

LEGAL SUBDIVISIONS	Sec.	Twp.	Rge.	No. of Acres	LEGAL SUBDIVISIONS	Sec.	Twp.	Rge.	No. of Acres
					TOTAL ACRES				

(over)

7. State the approximate quantity of water desired for ☐ Gallons per minute
appropriation: _____ ☐ Cubic feet per second
☐ Acre-feet (impounded water)

8. State the estimated time required for completion of all water diversion facilities:

State the earliest date when water will have been used for beneficial purposes:

9. Will this project be constructed under a federal program, receive federal funding, or have federal planning assistance?

☐ No

☐ Yes

If yes, explain _____

10. I certify that I am familiar with the information contained in this claim, and that to the best of my knowledge and belief such information is true, complete and accurate.

Date

Signature of owner or owner's authorized agent

A final project map may accompany this claim or must be filed within six months following departmental approval of this claim, drawn in accordance with Department Rules, Title 457, Chapter 10.

This form must be completed in full. An incomplete or defective application will be returned with 90 days being allowed for resubmission. Failure to resubmit a corrected application within this period shall cause dismissal of the application and consequent loss of priority.

A non-refundable filing fee (payable to the Department of Natural Resources) can be computed from the table below and must accompany this application. Forward this application and fee to:

**State of Nebraska
Department of Natural Resources
301 Centennial Mall South
P.O. Box 94676
Lincoln, Nebraska 68509-4676
(402) 471-2363**

FEES FOR APPLICATIONS TO APPROPRIATE WATER

Nature of Use	Cost
Domestic	\$10
Agricultural	
Irrigation from Stream	
0-1,000 acres	\$200
Each additional 1,000 acre unit	\$100
or portion thereof in excess of the first 1,000 acre unit	
Irrigation from Storage Reservoir	
0-1,000 acres	\$50
Each additional 1,000 acre unit	\$25
or portion thereof in excess of the first 1,000 acre unit	

Nature of Use	Cost
Manufacturing	
General	\$10
Power Generation for each theoretical 50 horsepower	\$5
Other	\$10